

OASIS ITEM:	
<b>(M0750) Housekeeping:</b> Ability to safely and effectively perform light housekeeping and heavier cleaning tasks.	
Prior	Current
<input type="checkbox"/>	<input type="checkbox"/>
0	-
	(a) Able to independently perform all housekeeping tasks; <u>OR</u>
	(b) Physically, cognitively, and mentally able to perform <u>all</u> housekeeping tasks but has not routinely participated in housekeeping tasks in the past (i.e., prior to this home care admission).
<input type="checkbox"/>	<input type="checkbox"/>
1	-
	Able to perform only <u>light</u> housekeeping (e.g., dusting, wiping kitchen counters) tasks independently.
<input type="checkbox"/>	<input type="checkbox"/>
2	-
	Able to perform housekeeping tasks with intermittent assistance or supervision from another person.
<input type="checkbox"/>	<input type="checkbox"/>
3	-
	<u>Unable</u> to consistently perform any housekeeping tasks unless assisted by another person throughout the process.
<input type="checkbox"/>	<input type="checkbox"/>
4	-
	Unable to effectively participate in any housekeeping tasks.
<input type="checkbox"/>	UK
	- Unknown
DEFINITION:	
Identifies the physical, cognitive and mental ability of the patient to perform both heavier and lighter housekeeping tasks, even if the patient does not routinely carry out these activities. The prior column should describe the patient's ability <u>14 days prior to the start (or resumption) of care visit</u> . The focus for today's assessment – the "current" column – is on what the patient is <u>able</u> to do today.	
TIME POINTS ITEM(S) COMPLETED:	
Start of care - prior and current ability Resumption of care - prior and current ability Discharge from agency - not to an inpatient facility -- current ability	
RESPONSE—SPECIFIC INSTRUCTIONS:	
<ul style="list-style-type: none"> <li>"UK - Unknown" is an option only in the "prior" column. This response should be used only if there is no way to determine the patient's prior ability on this item.</li> </ul>	
ASSESSMENT STRATEGIES:	
A combined observation/interview approach with the patient or caregiver is required to determine the most accurate response for this item. Ask the patient about the ability to complete housekeeping, even if these tasks are not routinely performed. Utilize observations made during the assessment of cognitive status, ambulation, transferring, and other ADLs to assist in determining the best response to this item.	

OASIS ITEM:	
<b>(M0760) Shopping:</b> Ability to plan for, select, and purchase items in a store and to carry them home or arrange delivery.	
Prior	Current
<input type="checkbox"/>	<input type="checkbox"/>
0	-
	(a) Able to plan for shopping needs and independently perform shopping tasks, including carrying packages; <u>OR</u>
	(b) Physically, cognitively, and mentally able to take care of shopping, but has not done shopping in the past (i.e., prior to this home care admission).
<input type="checkbox"/>	<input type="checkbox"/>
1	-
	Able to go shopping, but needs some assistance:
	(a) By self is able to do only light shopping and carry small packages, but needs someone to do occasional major shopping; <u>OR</u>
	(b) <u>Unable</u> to go shopping alone, but can go with someone to assist.
<input type="checkbox"/>	<input type="checkbox"/>
2	-
	<u>Unable</u> to go shopping, but is able to identify items needed, place orders, and arrange home delivery.
<input type="checkbox"/>	<input type="checkbox"/>
3	-
	Needs someone to do all shopping and errands.
<input type="checkbox"/>	UK
	- Unknown
DEFINITION:	
Identifies the physical, cognitive and mental ability of the patient to plan for, select, and purchase items from a store, even if the patient does not routinely go shopping. The prior column should describe the patient's ability <u>14 days prior to the start (or resumption) of care visit</u> . The focus for today's assessment – the "current" column – is on what the patient is <u>able</u> to do today.	
TIME POINTS ITEM(S) COMPLETED:	
Start of care - prior and current ability Resumption of care - prior and current ability Discharge from agency - not to an inpatient facility -- current ability	
RESPONSE—SPECIFIC INSTRUCTIONS:	
<ul style="list-style-type: none"> <li>"UK - Unknown" is an option only in the "prior" column. This response should be used only if there is no way to determine the patient's prior ability on this item.</li> </ul>	
ASSESSMENT STRATEGIES:	
A combined observation/interview approach with the patient or caregiver is required to determine the most accurate response for this item. Ask the patient about the ability to plan for, select, and purchase items from the store, even if these tasks are not routinely performed. How are medications, groceries, or needed medical supplies obtained? Utilize observations made during the assessment of cognitive status, ambulation, transferring, and other ADLs to assist in determining the best response to this item.	

OASIS ITEM:	
<b>(M0770) Ability to Use Telephone:</b> Ability to answer the phone, dial numbers, and <u>effectively</u> use the telephone to communicate.	
<u>Prior</u>	<u>Current</u>
<input type="checkbox"/>	<input type="checkbox"/> 0 - Able to dial numbers and answer calls appropriately and as desired.
<input type="checkbox"/>	<input type="checkbox"/> 1 - Able to use a specially adapted telephone (i.e., large numbers on the dial, teletype phone for the deaf) and call essential numbers.
<input type="checkbox"/>	<input type="checkbox"/> 2 - Able to answer the telephone and carry on a normal conversation but has difficulty with placing calls.
<input type="checkbox"/>	<input type="checkbox"/> 3 - Able to answer the telephone only some of the time or is able to carry on only a limited conversation.
<input type="checkbox"/>	<input type="checkbox"/> 4 - <u>Unable</u> to answer the telephone at all but can listen if assisted with equipment.
<input type="checkbox"/>	<input type="checkbox"/> 5 - Totally unable to use the telephone.
<input type="checkbox"/>	<input type="checkbox"/> NA - Patient does not have a telephone.
<input type="checkbox"/>	<input type="checkbox"/> UK - Unknown
DEFINITION:	
Identifies the ability of the patient to answer the phone, dial number, and effectively use the telephone to communicate. The prior column should describe the patient's ability <u>14 days prior to the start (or resumption) of care visit</u> . The focus for today's assessment – the “current” column – is on what the patient is <u>able</u> to do today.	
TIME POINTS ITEM(S) COMPLETED:	
Start of care - prior and current ability Resumption of care - prior and current ability Discharge from agency - not to an inpatient facility -- current ability	
RESPONSE—SPECIFIC INSTRUCTIONS:	
<ul style="list-style-type: none"> <li>“UK - Unknown” is an option only in the “prior” column. This response should be used only if there is no way to determine the patient's prior ability on this item.</li> </ul>	
ASSESSMENT STRATEGIES:	
A combined observation/interview approach with the patient or caregiver is required to determine the most accurate response for this item. Does the patient have access to a telephone? Information obtained during assessment of cognitive, behavioral, and other ADL assessments may be helpful in determining the most accurate response for this item. The safety assessment also provides data regarding emergency plans - how is the ability to use a telephone related to these plans?	

OASIS ITEM:	
<p><b>(M0780) Management of Oral Medications:</b> Patient's ability to prepare and take <u>all</u> prescribed oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. <u>Excludes</u> injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)</p>	
Prior	Current
<input type="checkbox"/>	<input type="checkbox"/>
0	-
Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times.	
<input type="checkbox"/>	<input type="checkbox"/>
1	-
Able to take medication(s) at the correct times if:	
(a) individual dosages are prepared in advance by another person; <u>OR</u>	
(b) given daily reminders; <u>OR</u>	
(c) someone develops a drug diary or chart.	
<input type="checkbox"/>	<input type="checkbox"/>
2	-
<u>Unable</u> to take medication unless administered by someone else.	
<input type="checkbox"/>	<input type="checkbox"/>
NA	-
No oral medications prescribed.	
<input type="checkbox"/>	<input type="checkbox"/>
UK	-
Unknown	
DEFINITION:	
<p>Identifies the patient's ability to prepare and take oral medications reliably and safely and the type of assistance required to administer the correct dosage at the appropriate times/intervals. The focus is on what the patient is able to do, not on the patient's compliance or willingness. The prior column should describe the patient's ability <u>14 days prior to the start (or resumption) of care visit</u>. The focus for today's assessment - the "current" column is on what the patient is <u>able</u> to do today.</p>	
TIME POINTS ITEM(S) COMPLETED:	
<p>Start of care - prior and current ability          Resumption of care - prior and current ability          Discharge from agency - not to an inpatient facility -- current ability</p>	
RESPONSE—SPECIFIC INSTRUCTIONS:	
<ul style="list-style-type: none"> <li>Exclude injectable and IV medications.</li> <li>"UK - Unknown" is an option only in the "prior" column. This response should be used only if there is no way to determine the patient's prior ability on this item.</li> <li>Only medications whose route of administration is "po" should be considered for this item. Medications given per gastrostomy (or other) tube are <u>not</u> administered "po," but are administered "per tube."</li> </ul>	
ASSESSMENT STRATEGIES:	
<p>A combined observation/interview approach with the patient or caregiver is required to determine the most accurate response for this item. Observe patient opening medication containers. Ask the patient to state the proper dosage for each medication and the correct times for administration. The cognitive/mental status and functional assessments contribute to determining the appropriate response for this item. If patient's ability to manage medications varies from medication to medication, consider total number of medications and total daily doses in determining what is true most of the time.</p>	

OASIS ITEM:	
<p><b>(M0790) Management of Inhalant/Mist Medications:</b> Patient's ability to prepare and take <u>all</u> prescribed inhalant/mist medications (nebulizers, metered dose devices) reliably and safely, including administration of the correct dosage at the appropriate times/intervals. <b><u>Excludes all other forms of medication (oral tablets, injectable and IV medications).</u></b></p>	
Prior	Current
<input type="checkbox"/>	<input type="checkbox"/> 0 - Able to independently take the correct medication and proper dosage at the correct times.
<input type="checkbox"/>	<input type="checkbox"/> 1 - Able to take medication at the correct times if: (a) individual dosages are prepared in advance by another person, <u>OR</u> (b) given daily reminders.
<input type="checkbox"/>	<input type="checkbox"/> 2 - <u>Unable</u> to take medication unless administered by someone else.
<input type="checkbox"/>	<input type="checkbox"/> NA - No inhalant/mist medications prescribed.
<input type="checkbox"/>	<input type="checkbox"/> UK - Unknown
DEFINITION:	
<p>Identifies the patient's ability to prepare and take all prescribed inhalant/mist medication reliably and safely and the type of assistance required to administer the current dosage at the appropriate times/intervals. The focus is on what the patient is able to do, not on the patient's compliance or willingness. The prior column should describe the patient's ability <u>14 days prior to the start (or resumption) of care visit</u>. The focus for today's assessment - the "current" column is on what the patient is <u>able</u> to do today.</p>	
TIME POINTS ITEM(S) COMPLETED:	
<p>Start of care - prior and current ability Resumption of care - prior and current ability Discharge from agency - not to an inpatient facility -- current ability</p>	
RESPONSE—SPECIFIC INSTRUCTIONS:	
<ul style="list-style-type: none"> <li>Exclude oral, injectable, and IV medications.</li> <li>"UK - Unknown" is an option only in the "prior" column. This response should be used only if there is no way to determine the patient's prior ability on this item.</li> </ul>	
ASSESSMENT STRATEGIES:	
<p>A combined observation/interview approach with the patient or caregiver is required to determine the most accurate response for this item. Observe patient opening inhalant mist/medications and preparing any other equipment required for administration. If it is not time for the medication, ask the patient to describe and demonstrate the steps for administration. The cognitive/mental status and functional assessments contribute to determining the appropriate response for this item.</p>	



<b>OASIS ITEM:</b>
<p><b>(M0810) Patient Management of Equipment (includes <u>ONLY</u> oxygen, IV/infusion therapy, enteral/parenteral nutrition equipment or supplies):</b> <u>Patient's ability</u> to set up, monitor and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. <b>(NOTE: This refers to ability, not compliance or willingness.)</b></p> <p> <input type="checkbox"/> 0 - Patient manages all tasks related to equipment completely independently.  <input type="checkbox"/> 1 - If someone else sets up equipment (i.e., fills portable oxygen tank, provides patient with prepared solutions), patient is able to manage all other aspects of equipment.  <input type="checkbox"/> 2 - Patient requires considerable assistance from another person to manage equipment, but independently completes portions of the task.  <input type="checkbox"/> 3 - Patient is only able to monitor equipment (e.g., liter flow, fluid in bag) and must call someone else to manage the equipment.  <input type="checkbox"/> 4 - Patient is completely dependent on someone else to manage all equipment.  <input type="checkbox"/> NA - No equipment of this type used in care <b>[ If NA, go to M0825 ] *</b> </p> <p>* At discharge, change M0825 to M0830.</p>
<b>DEFINITION:</b>
<p>Identifies the patient's ability to set up, monitor and change equipment reliably and safely, and the amount of assistance required from another person. The focus is on what the patient is able to do, not on compliance or willingness.</p>
<b>TIME POINTS ITEM(S) COMPLETED:</b>
<p>Start of care  Resumption of care  Discharge from agency - not to inpatient facility</p>
<b>RESPONSE—SPECIFIC INSTRUCTIONS:</b>
<ul style="list-style-type: none"> <li>• Include only oxygen, IV infusion therapy, enteral/parenteral nutrition, and ventilator therapy equipment and supplies.</li> <li>• If more than one type of equipment is used, consider the equipment for which the most assistance is needed.</li> <li>• If "NA" is selected at discharge, clinician should be instructed to skip to M0830.</li> </ul>
<b>ASSESSMENT STRATEGIES:</b>
<p>Is any of the listed equipment used in care? (Note responses to M0250 and M0500.) If so, a combined observation/interview approach with the patient or caregiver is required to determine the most accurate response for this item. Observe the patient setting up and changing equipment. Ask the patient to describe the steps for monitoring and changing equipment if observation is not possible at the time of the home visit. Cognitive/mental status and functional assessments contribute to determining the response for this item.</p>

<b>OASIS ITEM:</b>
<p><b>(M0820) Caregiver Management of Equipment (includes <u>ONLY</u> oxygen, IV/infusion equipment, enteral/parenteral nutrition, ventilator therapy equipment or supplies):</b> <u>Caregiver's ability</u> to set up, monitor, and change equipment reliably and safely, add appropriate fluids or medication, clean/store/dispose of equipment or supplies using proper technique. <b>(NOTE: This refers to ability, not compliance or willingness.)</b></p> <p> <input type="checkbox"/> 0 - Caregiver manages all tasks related to equipment completely independently.  <input type="checkbox"/> 1 - If someone else sets up equipment, caregiver is able to manage all other aspects.  <input type="checkbox"/> 2 - Caregiver requires considerable assistance from another person to manage equipment, but independently completes significant portions of task.  <input type="checkbox"/> 3 - Caregiver is only able to complete small portions of task (e.g., administer nebulizer treatment, clean/store/dispose of equipment or supplies).  <input type="checkbox"/> 4 - Caregiver is completely dependent on someone else to manage all equipment.  <input type="checkbox"/> NA - No caregiver  <input type="checkbox"/> UK - Unknown * </p> <p>* At discharge, omit "UK - Unknown."</p>
<b>DEFINITION:</b>
<p>Identifies the <u>caregiver's</u> ability to set up, monitor and change equipment reliably and safely. The focus is on what the caregiver is able to do, not on compliance or willingness. "Caregiver" is defined in M0360.</p>
<b>TIME POINTS ITEM(S) COMPLETED:</b>
<p>Start of care  Resumption of care  Discharge from agency - not to inpatient facility</p>
<b>RESPONSE—SPECIFIC INSTRUCTIONS:</b>
<ul style="list-style-type: none"> <li>The definition of equipment includes only oxygen, IV/infusion equipment, enteral/parenteral nutrition and ventilator therapy equipment or supplies.</li> <li>If the patient has no caregiver, mark "NA."</li> <li>If more than one type of equipment is used, consider the equipment for which the most assistance is needed.</li> </ul>
<b>ASSESSMENT STRATEGIES:</b>
<p>Is any of the listed equipment used in care? (Note responses to M0250 and M0500.) If so, a combined observation/interview approach with the caregiver is required to determine the most accurate response for this item. Observe the caregiver setting up and changing the equipment. Ask the caregiver to describe the steps for monitoring and changing equipment if observation is not possible at the time of the home visit. Cognitive/mental status and functional ability of the caregiver (as evaluated during the visit) contribute to determining the response for this item.</p>



<b>OASIS ITEM:</b>
<p><b>(M0825) Therapy Need:</b> Does the care plan of the Medicare payment period for which this assessment will define a case mix group indicate a need for therapy (physical, occupational, or speech therapy) that meets the threshold for a Medicare high-therapy case mix group?</p> <p> <input type="checkbox"/> 0 - No  <input type="checkbox"/> 1 - Yes  <input type="checkbox"/> NA - Not Applicable         </p>
<b>DEFINITION:</b>
Identifies whether patient's care plan indicates need for high-therapy use.
<b>TIME POINTS ITEM(S) COMPLETED:</b>
Start of care Resumption of care Follow-up
<b>RESPONSE—SPECIFIC INSTRUCTIONS:</b>
<ul style="list-style-type: none"> <li>• Answer "No" if no therapy services are needed OR if the intensity of therapy services does not meet the threshold for Medicare high-therapy use.</li> <li>• Answer "Not Applicable" for patients who are not Medicare fee-for-service (i.e., M0150, Response 1 is not checked), or for whom this assessment will <u>not</u> be used to determine a Medicare episode payment.</li> </ul>
<b>ASSESSMENT STRATEGIES:</b>
<p>When the patient assessment and the care plan are complete, review the plan to determine whether therapy services are needed. If not, answer "No." If therapy services are needed, will their frequency meet the threshold level for the patient to be considered a high-therapy user? If not, answer "No." If the therapy services meet (or exceed) this frequency, answer "Yes."</p> <p>The Medicare payment period ordinarily comprises 60 days beginning with the start of care date, or 60 days beginning with the recertification date. If the (resumption of care or other follow-up) assessment is being completed to document a significant change in condition, report whether the threshold will be met taking into account therapy visits already made since the start of the current payment period as well as those for the remaining portion of the planned payment period.</p>

<b>OASIS ITEM:</b>
<p><b>(M0830) Emergent Care:</b> Since the last time OASIS data were collected, has the patient utilized any of the following services for emergent care (other than home care agency services)? <b>(Mark all that apply.)</b></p> <p> <input type="checkbox"/> 0 - No emergent care services [ If no emergent care, go to M0855 ]  <input type="checkbox"/> 1 - Hospital emergency room (includes 23-hour holding)  <input type="checkbox"/> 2 - Doctor's office emergency visit/house call  <input type="checkbox"/> 3 - Outpatient department/clinic emergency (includes urgicenter sites)  <input type="checkbox"/> UK - Unknown [ If UK, go to M0855 ]         </p>
<b>DEFINITION:</b>
<p>Identifies whether the patient received an unscheduled visit to any (emergent) medical services other than home care agency services. Emergent care includes all unscheduled visits to such medical services. A "prn" agency visit is <u>not</u> considered emergent care.</p>
<b>TIME POINTS ITEM(S) COMPLETED:</b>
<p>Transfer to an inpatient facility - with or without agency discharge          Discharge from agency</p>
<b>RESPONSE—SPECIFIC INSTRUCTIONS:</b>
<ul style="list-style-type: none"> <li>• If a patient went to the ER, was "held" at the hospital for observation, then released, the patient did receive emergent care.</li> <li>• Exclude outpatient visits for scheduled diagnostic testing.</li> <li>• Responses to this item include the <u>entire</u> period since the last time OASIS data were collected, including current events.</li> </ul>
<b>ASSESSMENT STRATEGIES:</b>
<p>Ask the patient/caregiver if the patient has had any services for emergent care. Clarify that a doctor's office visit for an emergent problem, which is scheduled less than 24 hours in advance, is considered an emergent care visit.</p>

<b>OASIS ITEM:</b>
<p><b>(M0840) Emergent Care Reason:</b> For what reason(s) did the patient/family seek emergent care? <b>(Mark all that apply.)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis</li> <li><input type="checkbox"/> 2 - Nausea, dehydration, malnutrition, constipation, impaction</li> <li><input type="checkbox"/> 3 - Injury caused by fall or accident at home</li> <li><input type="checkbox"/> 4 - Respiratory problems (e.g., shortness of breath, respiratory infection, tracheobronchial obstruction)</li> <li><input type="checkbox"/> 5 - Wound infection, deteriorating wound status, new lesion/ulcer</li> <li><input type="checkbox"/> 6 - Cardiac problems (e.g., fluid overload, exacerbation of CHF, chest pain)</li> <li><input type="checkbox"/> 7 - Hypo/Hyperglycemia, diabetes out of control</li> <li><input type="checkbox"/> 8 - GI bleeding, obstruction</li> <li><input type="checkbox"/> 9 - Other than above reasons</li> <li><input type="checkbox"/> UK - Reason unknown</li> </ul>
<b>DEFINITION:</b>
Identifies the reasons for which the patient/family sought emergent care.
<b>TIME POINTS ITEM(S) COMPLETED:</b>
Transfer to an inpatient facility - with or without agency discharge Discharge from agency
<b>RESPONSE—SPECIFIC INSTRUCTIONS:</b>
<ul style="list-style-type: none"> <li>If more than one reason contributed to the emergent care visit, mark all appropriate responses. For example, if a patient sought care for a fall at home and was found to have medication side effects, mark both responses.</li> <li>If the reason is not included in the choices, mark Response 9 - Other than above reasons.</li> </ul>
<b>ASSESSMENT STRATEGIES:</b>
Ask the patient/caregiver to state all the symptoms and reasons for which they sought emergent care. A phone call to the doctor's office or emergency room may be required to clarify the reasons for emergent care.

<b>OASIS ITEM:</b>
<p><b>(M0855)</b> To which <b>Inpatient Facility</b> has the patient been admitted?</p> <p> <input type="checkbox"/> 1 - Hospital [ <b>Go to M0890</b> ]  <input type="checkbox"/> 2 - Rehabilitation facility [ <b>Go to M0903</b> ]  <input type="checkbox"/> 3 - Nursing home [ <b>Go to M0900</b> ]  <input type="checkbox"/> 4 - Hospice [ <b>Go to M0903</b> ]  <input type="checkbox"/> NA - No inpatient facility admission * </p> <p>* At inpatient transfer, omit "NA."</p>
<b>DEFINITION:</b>
<p>Identifies the type of inpatient facility to which the patient was admitted.</p>
<b>TIME POINTS ITEM(S) COMPLETED:</b>
<p>Transfer to inpatient facility - with or without agency discharge  Discharge from agency - not to an inpatient facility</p>
<b>RESPONSE—SPECIFIC INSTRUCTIONS:</b>
<ul style="list-style-type: none"> <li>• Admission to a freestanding rehabilitation hospital or a rehabilitation distinct part unit of a general acute care hospital is considered a rehabilitation facility admission.</li> <li>• Admission to a skilled nursing facility (SNF), an intermediate care facility for the mentally retarded (ICF/MR), or a nursing facility (NF) is a nursing home admission.</li> </ul>
<b>ASSESSMENT STRATEGIES:</b>
<p>Often the family or medical service provider informs the agency that the patient has been admitted to an inpatient facility. Clarify with this informant as to which type facility the patient has been admitted. As a last resort, you may have to contact the facility to determine how it is licensed.</p>

<b>OASIS ITEM:</b>
<p><b>(M0870) Discharge Disposition:</b> Where is the patient after discharge from your agency? <b>(Choose only one answer.)</b></p> <p> <input type="checkbox"/> 1 - Patient remained in the community (not in hospital, nursing home, or rehab facility)  <input type="checkbox"/> 2 - Patient transferred to a noninstitutional hospice <b>[ Go to M0903 ]</b>  <input type="checkbox"/> 3 - Unknown because patient moved to a geographic location not served by this agency <b>[ Go to M0903 ]</b>  <input type="checkbox"/> UK - Other unknown <b>[ Go to M0903 ]</b> </p>
<b>DEFINITION:</b>
Identifies where the patient resides after discharge from the home health agency.
<b>TIME POINTS ITEM(S) COMPLETED:</b>
Discharge from agency - not to an inpatient facility
<b>RESPONSE—SPECIFIC INSTRUCTIONS:</b>
<ul style="list-style-type: none"> <li>Patients who are in assisted living or board and care housing are considered to be living in the community.</li> <li>Noninstitutional hospice is defined as the patient receiving hospice care at home or a caregiver's home, not in an inpatient hospice facility.</li> </ul>
<b>ASSESSMENT STRATEGIES:</b>
At agency discharge, determine where the patient will be living/residing.

<b>OASIS ITEM:</b>
<p><b>(M0880)</b> After discharge, does the patient receive health, personal, or support <b>Services or Assistance?</b> <b>(Mark all that apply.)</b></p> <p> <input type="checkbox"/> 1 - No assistance or services received  <input type="checkbox"/> 2 - Yes, assistance or services provided by family or friends  <input type="checkbox"/> 3 - Yes, assistance or services provided by other community resources (e.g., meals-on-wheels, home health services, homemaker assistance, transportation assistance, assisted living, board and care) </p> <p><b>Go to M0903</b></p>
<b>DEFINITION:</b>
Identifies services or assistance a patient receives after discharge from the home health agency.
<b>TIME POINTS ITEM(S) COMPLETED:</b>
Discharge from agency - not to inpatient facility
<b>RESPONSE—SPECIFIC INSTRUCTIONS:</b>
<ul style="list-style-type: none"> <li>Assistance or services in Responses 2 or 3 may be paid or unpaid.</li> </ul>
<b>ASSESSMENT STRATEGIES:</b>
Ask the patient/caregiver what type of services or support the patient might be receiving after discharge. M0380 contains a list of services or assistance that can be used as a reference. Include services which the agency may have arranged or personal care/chore services that the agency may continue to provide after discharge from skilled care services.

<b>OASIS ITEM:</b>
<p><b>(M0890)</b> If the patient was admitted to an acute care <b>Hospital</b>, for what <b>Reason</b> was he/she admitted?</p> <p> <input type="checkbox"/> 1 - Hospitalization for <u>emergent</u> (unscheduled) care  <input type="checkbox"/> 2 - Hospitalization for <u>urgent</u> (scheduled within 24 hours of admission) care  <input type="checkbox"/> 3 - Hospitalization for <u>elective</u> (scheduled more than 24 hours before admission) care  <input type="checkbox"/> UK - Unknown </p>
<b>DEFINITION:</b>
Identifies the urgency of the hospital admission.
<b>TIME POINTS ITEM(S) COMPLETED:</b>
Transfer to inpatient facility - with or without agency discharge
<b>RESPONSE—SPECIFIC INSTRUCTIONS:</b>
<ul style="list-style-type: none"> <li>• A patient hospitalized immediately subsequent to a doctor's office, outpatient clinic, or ER visit has been hospitalized for emergent care.</li> <li>• A hospitalization that is scheduled is either urgent or elective depending on whether there were more than 24 hours between the scheduling and the actual admission.</li> </ul>
<b>ASSESSMENT STRATEGIES:</b>
Interview the patient, family, or medical service provider to determine whether the acute hospitalization was related to emergent, urgent, or elective care.

<b>OASIS ITEM:</b>
<p><b>(M0895) Reason for Hospitalization: (Mark all that apply.)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1 - Improper medication administration, medication side effects, toxicity, anaphylaxis</li> <li><input type="checkbox"/> 2 - Injury caused by fall or accident at home</li> <li><input type="checkbox"/> 3 - Respiratory problems (SOB, infection, obstruction)</li> <li><input type="checkbox"/> 4 - Wound or tube site infection, deteriorating wound status, new lesion/ulcer</li> <li><input type="checkbox"/> 5 - Hypo/Hyperglycemia, diabetes out of control</li> <li><input type="checkbox"/> 6 - GI bleeding, obstruction</li> <li><input type="checkbox"/> 7 - Exacerbation of CHF, fluid overload, heart failure</li> <li><input type="checkbox"/> 8 - Myocardial infarction, stroke</li> <li><input type="checkbox"/> 9 - Chemotherapy</li> <li><input type="checkbox"/> 10 - Scheduled surgical procedure</li> <li><input type="checkbox"/> 11 - Urinary tract infection</li> <li><input type="checkbox"/> 12 - IV catheter-related infection</li> <li><input type="checkbox"/> 13 - Deep vein thrombosis, pulmonary embolus</li> <li><input type="checkbox"/> 14 - Uncontrolled pain</li> <li><input type="checkbox"/> 15 - Psychotic episode</li> <li><input type="checkbox"/> 16 - Other than above reasons</li> </ul> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Go to M0903</div>
<b>DEFINITION:</b>
Identifies the specific condition(s) necessitating hospitalization.
<b>TIME POINTS ITEM(S) COMPLETED:</b>
Transfer to inpatient facility - with or without agency discharge
<b>RESPONSE—SPECIFIC INSTRUCTIONS:</b>
<ul style="list-style-type: none"> <li>Mark all that apply. For example, if a psychotic episode results from an untoward medication side effect, both Response 1 and Response 15 would be marked.</li> </ul>
<b>ASSESSMENT STRATEGIES:</b>
Interview the patient, family, or medical service provider to determine the condition requiring acute hospital admission.



<b>OASIS ITEM:</b>
<p><b>(M0900)</b> For what <b>Reason(s)</b> was the patient <b>Admitted</b> to a <b>Nursing Home</b>? <b>(Mark all that apply.)</b></p> <p> <input type="checkbox"/> 1 - Therapy services  <input type="checkbox"/> 2 - Respite care  <input type="checkbox"/> 3 - Hospice care  <input type="checkbox"/> 4 - Permanent placement  <input type="checkbox"/> 5 - Unsafe for care at home  <input type="checkbox"/> 6 - Other  <input type="checkbox"/> UK - Unknown         </p>
<b>DEFINITION:</b>
Identifies the reason(s) the patient was admitted to a nursing home.
<b>TIME POINTS ITEM(S) COMPLETED:</b>
Transfer to inpatient facility - with or without agency discharge
<b>RESPONSE—SPECIFIC INSTRUCTIONS:</b>
<b>ASSESSMENT STRATEGIES:</b>
Interview the patient, family, or medical service provider to determine the reason(s) for nursing home placement. Often the agency clinician will have assessed conditions for which nursing home placement is necessary or appropriate.

<b>OASIS ITEM:</b>
<b>(M0903) Date of Last (Most Recent) Home Visit:</b>  <div style="text-align: center;">       ____/____/____        month   day   year     </div>
<b>DEFINITION:</b>
Identifies the last or most recent home visit of any agency provider, including skilled providers or home health aides.
<b>TIME POINTS ITEM(S) COMPLETED:</b>
Transfer to an inpatient facility - with or without agency discharge Discharge from agency
<b>RESPONSE—SPECIFIC INSTRUCTIONS:</b>
<ul style="list-style-type: none"> <li>If the date or month is only one digit, that digit is preceded by a "0" (e.g., May 4, 1998 = 05/04/1998). Enter all four digits of the year.</li> </ul>
<b>ASSESSMENT STRATEGIES:</b>
When more than one agency staff member is providing care, refer to agency clinical record for date of last visit. If today's visit is the last (discharge) visit, enter today's date.

<b>OASIS ITEM:</b>
<p><b>(M0906) Discharge/Transfer/Death Date:</b> Enter the date of the discharge, transfer, or death (at home) of the patient.</p> <p>____/____/____</p> <p>month   day   year</p>
<b>DEFINITION:</b>
Identifies the actual date of discharge, transfer, or death (at home).
<b>TIME POINTS ITEM(S) COMPLETED:</b>
Transfer to an inpatient facility - with or without agency discharge Death at home Discharge from agency
<b>RESPONSE—SPECIFIC INSTRUCTIONS:</b>
<ul style="list-style-type: none"> <li>• If the date or month is only one digit, that digit is preceded by a "0" (e.g., May 4, 1998 = 05/04/1998). Enter all four digits for the year.</li> <li>• The date of discharge is determined by agency policy or physician order.</li> <li>• The transfer date is the actual date the patient was transferred to an inpatient facility.</li> <li>• The death date is the actual date of the patient's death at home. Exclude death occurring in an inpatient facility. Include death which occurs while a patient is being transported to an inpatient facility (before being admitted).</li> </ul>
<b>ASSESSMENT STRATEGIES:</b>
Agency policy or physician order may establish discharge date. Telephone contact with the family or medical service provider may be required to verify the date of transfer to an inpatient facility or death at home.

## ATTACHMENT C TO CHAPTER 8

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### CASE EXAMPLES OF OASIS ITEMS

The following case examples provide an opportunity to practice answering OASIS items in response to patient situations. Each scenario presents a patient situation that might be encountered in home care. Read the case example; choose a response for each of the indicated OASIS items. In addition to selecting the best response for specific items, it is important for the clinician to know when further information is needed to respond (i.e., when additional assessment is necessary). Therefore, some items are not clearly answered in the scenario. Test yourself by indicating when you would want additional information, what information you desire, and how you would obtain the information, given the example.

#### SCENARIO 1

You are asked to conduct the SOC comprehensive assessment for Jane Jones. She is a 47-year-old woman who lives in a third-story apartment with her 12 cats. She was seen by a physician in the emergency room to treat a cat bite and is now on IV antibiotics. She is 5 feet, 2 inches tall and weighs 300 pounds. You are able to complete the assessment, teach Jane about self-administration of the IV therapy, and assess the healing progress of the wound. Her past health history is unremarkable, with no particular problems. **How would you answer OASIS items M0250 through M0290?**

- M0250** Therapies
- M0260** Overall Prognosis
- M0270** Rehabilitative Prognosis
- M0280** Life Expectancy
- M0290** High Risk Factors